

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**

Department Of Public Safety  
Division Of Building Inspection

**OUTDOOR  
SEATING  
APPLICATION**

Mailing Address:  
200 East Main Street  
Lexington Ky 40507  
Phone: 859-258-3770  
Fax: 859-258-3780

Physical Address:  
101 East Vine Street  
2<sup>nd</sup> Floor  
Lexington, KY 40507

Location:		Zone:		
Owner:		Phone:		
Owner's Address:				
City:		State:	Zip:	
Responsible Person:		Phone:		
Responsible Person's Address:				
City:		State:	Zip:	
# of Tables:		# of Chairs:		# of Umbrellas:
Outdoor Live Entertainment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Posted Occupancy Load? Yes <input type="checkbox"/> No <input type="checkbox"/>	Permit Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate Of Occupancy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter of Permission from owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Site Plan?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	_____
<b>Health Department Approval?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	_____
<b>Fire Approval?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	_____
<b>ABC License &amp; Approval?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	_____
<b>CONDITIONS OF PERMIT</b>				
• Must comply with all conditions of LFUCG Smoking Ordinance #171-2003.				
The undersigned hereby certifies they are the owner or the owners' agent of the above property. All information is true and accurate to the best of my knowledge.				
Applicant's Signature:			Date:	